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PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number 10/584,305	Filing Date 06/23/2006	<input type="checkbox"/> To be Mailed		
APPLICATION AS FILED – PART I					OTHER THAN SMALL ENTITY				
		(Column 1)	(Column 2)	SMALL ENTITY <input type="checkbox"/>	OR	SMALL ENTITY			
FOR		NUMBER FILED	NUMBER EXTRA	RATE (\$)		RATE (\$)	Fee (\$)		
<input type="checkbox"/> BASIC FEE (37 CFR 1.16(a), (b), or (c))		N/A	N/A	N/A		N/A			
<input type="checkbox"/> SEARCH FEE (37 CFR 1.16(k), (i), or (m))		N/A	N/A	N/A		N/A			
<input type="checkbox"/> EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))		N/A	N/A	N/A		N/A			
TOTAL CLAIMS (37 CFR 1.16(j))		minus 20 =	*	X \$ =		X \$ =			
INDEPENDENT CLAIMS (37 CFR 1.16(h))		minus 3 =	*	X \$ =		X \$ =			
<input type="checkbox"/> APPLICATION SIZE FEE (37 CFR 1.16(s))		If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									
* If the difference in column 1 is less than zero, enter "0" in column 2.					TOTAL	TOTAL			
APPLICATION AS AMENDED – PART II					OTHER THAN SMALL ENTITY				
AMENDMENT			(Column 1)	(Column 2)	(Column 3)	SMALL ENTITY	OR	SMALL ENTITY	
	05/03/2011		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDITIONAL FEE (\$)	RATE (\$)	ADDITIONAL FEE (\$)
Total (37 CFR 1.16(j))	* 8	Minus	** 20	= 0	X \$ =		OR X \$52=	0	
Independent (37 CFR 1.16(h))	* 1	Minus	***3	= 0	X \$ =		OR X \$220=	0	
<input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))									
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									
					TOTAL ADD'L FEE		OR TOTAL ADD'L FEE	0	
AMENDMENT			(Column 1)	(Column 2)	(Column 3)	RATE (\$)	ADDITIONAL FEE (\$)	RATE (\$)	ADDITIONAL FEE (\$)
	05/03/2011		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	X \$ =		X \$ =	
Total (37 CFR 1.16(j))	* 8	Minus	** 20	= 0	X \$ =		OR X \$ =		
Independent (37 CFR 1.16(h))	* 1	Minus	***3	= 0	X \$ =		OR X \$ =		
<input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))									
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									
					TOTAL ADD'L FEE		OR TOTAL ADD'L FEE	0	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

* If the entry in column 1 is less than the entry in column 2, write “0” in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

The "Highest Number Previously Paid For" (Total or Independent) is the **highest number found in the appropriate box in column 1**.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

**Legal Instrument Examiner:
/POLIN ANG/**